## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number MC351/268908

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |                                       |              |                                 |                  |               | SMALL ENTITY TYPE |                        |           | OTHER THAN OR SMALL ENTITY |                        |
|---|--|---|---------------------------------------|--------------|---------------------------------|------------------|---------------|-------------------|------------------------|-----------|----------------------------|------------------------|
| TOTAL CLAIMS  |  | 44  |                                       |              |                                 |                  | RATE          | FEE               | ſ                      | RATE      | FEE                        |                        |
| FOR   |  | NUMBER FILED                              |                                       | NUMBER EXTRA |                                 | BAS              | SIC FEE       | 370.00            | OR                     | BASIC FEE | 740.00                     |                        |
| TOTAL CHARGEABLE CLAIMS   |  |   | 1/4 minus 20=                         |              | * 24                            |                  | ×             | (\$ 9=            | 216                    | OR        | X\$18=                     |                        |
| INDEPENDENT CLAIMS  |  |   | 7 minus 3 =                           |              | * 4                             |                  | $\rightarrow$ | <b>(42=</b>       | 168                    | OR        | X84=                       |                        |
| MU  | LTIPLE DEPEN   | DENT CLAIM P                              | RESENT                                |              |                                 |                  |               | 140=              |                        | OR        | +280=                      |                        |
| * If  | the difference                                       | in column 1 is                            | less than zero, enter "0" in column 2 |              |                                 |                  | T(            | OTAL              | 754                    | OR        | TOTAL                      |                        |
| CLAIMS AS AMENDED - PART II   |  |   |                                       |              |                                 |                  |               | •                 |                        |           | OTHER                      |                        |
|   |  | (Column 1)                                |                                       |              | mn 2)                           | (Column 3)       | S             | MALL E            | ENTITY                 | OR        | SMALL                      |                        |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | NUM<br>PREVI | HEST<br>MBER<br>OUSLY<br>FOR    | PRESENT<br>EXTRA | F             | RATE              | ADDI-<br>TIONAL<br>FEE |           | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                                 | **           |                                 | =                | ×             | (\$ 9=            |                        | OR        | X\$18=                     |                        |
|   | Independent  | * NTATION OF M                            | Minus                                 | ***          | T CL AIRA                       | -                | >             | <b>&lt;</b> 42=   | •()                    | OR        | X84=                       |                        |
|   | FIRST PRESE  | NIATION OF MI                             | ULTIPLE DEF                           | ENDEN        | I CLAIIVI                       |                  | +             | 140=              |                        | OR        | +280=                      |                        |
|   |  |   |                                       |              |                                 |                  |               | TOTAL<br>DIT. FEE |                        | OR        | TOTAL<br>ADDIT. FEE        |                        |
|   |  |   |                                       |              |                                 |                  |               |                   |                        |           |                            |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | NUN<br>PREV  | HEST<br>MBER<br>IOUSLY<br>DFOR  | PRESENT<br>EXTRA | F             | RATE              | ADDI-<br>TIONAL<br>FEE |           | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                                 | **           |                                 | =                | >             | <b>(\$ 9=</b>     |                        | OR        | X\$18=                     |                        |
|   | Independent  | *   | Minus                                 | ***          |                                 | =                | $\rightarrow$ | X42=              |                        | OR        | X84=                       |                        |
| L   | FIRST PRESE  | NTATION OF M                              | ULTIPLE DEF                           | ENDEN        | I CLAIM                         |                  | +             | 140=              |                        | OR        | +280=                      |                        |
|   |  |   |                                       |              |                                 |                  | <b>L</b>      | TOTAL<br>DIT. FEE |                        | OR        | TOTAL<br>ADDIT. FEE        |                        |
| (Column 1) (Column 2) (Column 3)  |  |   |                                       |              |                                 |                  |               |                   |                        |           |                            |                        |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | NUI<br>PREV  | HEST<br>MBER<br>IOUSLY<br>D FOR | PRESENT<br>EXTRA | F             | RATE              | ADDI-<br>TIONAL<br>FEE |           | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                                 | **           |                                 | =                | >             | <b>(\$ 9=</b>     |                        | OR        | X\$18=                     |                        |
|   | Independent  | *   | Minus                                 | ***          |                                 | =-               | >             | K42=              |                        | OR        | X84=                       |                        |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140= |   |                                       |              |                                 |                  |               |                   |                        | OR        | +280=                      |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |  |   |                                       |              |                                 |                  |               |                   |                        | OR        | TOTAL                      |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                                       |              |                                 |                  |               |                   |                        |           |                            |                        |
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